| Effective December 8, 2004                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                           |                                              |                                    |            |                                                      |          | 10/5       |                        |      | 442            | 64                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------------|------------------------------------|------------|------------------------------------------------------|----------|------------|------------------------|------|----------------|------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | CLAIMS                                    | (Column 1)                                   |                                    | (Column 2) |                                                      |          | SMALL EN   | TITY                   | OR   | OTHER<br>SMALL |                        |
| U.S. NATIONAL STAGE FEES                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                           |                                              |                                    |            |                                                      | 7        | RATE       | FEE                    | 1    | RATE           | FEE                    |
| BASIC FEE                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                                           | SMALL ENT.                                   | <b>=\$</b> 150                     | LARC       | GE ENT. = \$ 300                                     | 7        | BASIC FEE  |                        | OR   | BASIC FEE      | 300                    |
| EXAMINATION FEE                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           | Satisfies PCT Art<br>(4) = \$50 /            | /\$ 100 `                          | \$         | ther situations =<br>100 / \$ 200                    | 1        | EXAM. FEE  |                        | 1    | EXAM. FEE      | 200                    |
| SEARCH FEE                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                           | All other situation<br>Search Right 250 / \$ | pt)                                | ALLo       | SA = \$50 / \$ 10<br>ther countries =<br>200 / \$400 |          | SEARCH FEE |                        |      | SEARCH FEE     | 400                    |
| FEE FOR EXTRA SPEC, PGS.                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                           | 124minu                                      | s 100 =                            | 24         | L <sub>150</sub> = /                                 |          | X \$ 125 = |                        | 1    | X \$ 250 =     | 250                    |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                                           | 32 min                                       | us 20 =                            | • /        | 2                                                    |          | X \$ 25 =  |                        | OR   | X \$ 50 =      | 600                    |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                           |                                              | nus 3 =                            | •          | /                                                    |          | X \$ 100 = |                        | OR   | X \$ 200 =     | 200                    |
| MULTIPLE DEPENDENT CLAIM PRE                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                           |                                              |                                    |            |                                                      |          | + \$ 180 = |                        | OR   | + \$ 360 =     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                        |                                                |                                           |                                              |                                    |            |                                                      |          | TOTAL      |                        | OR   | TOTAL          | H50                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST                                                                                                                                                                                                                                                                                                                                   |                                                |                                           |                                              |                                    |            |                                                      | <b>.</b> | SMALL E    | NTITY                  | OR   | OTHER<br>SMALL |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                     | 8405                                           | REMAINING<br>AFTER<br>AMENDMENT           |                                              | PREVIO                             | ER<br>USLY | PRESENT<br>EXTRA                                     |          | RATE       | ADDI-<br>TIONAL<br>FEE |      | RATE           | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Total                                          | 32                                        | Minus                                        | <del>-</del> 3                     | 3          | = /                                                  | ] [      | X \$ 25 =  |                        | OR   | X \$ 50 =      | 4                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Independent                                    | 1 4                                       | Willias                                      | ***                                | 4          | =                                                    |          | X \$ 100 = | (1)                    | OR   | X \$ 200 =     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                              |                                    |            |                                                      | J L      | + \$ 180 = | $\mathcal{A}$          | OR   | + \$ 360 =     | 4                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           |                                              |                                    |            |                                                      |          | FFF        |                        | OR   | TOTAL ADDIT.   |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | (Column 1)                                |                                              | (Colum                             | n 2)       | (Column 3)                                           |          |            |                        |      |                |                        |
| X.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                              | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY | PRESENT<br>EXTRA                                     |          | RATE       | ADDI-<br>TIONAL<br>FEE |      | RATE           | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Total                                          | •                                         | Minus 1                                      | ••                                 |            | *                                                    |          | ·X \$ 25 = |                        | OR   | X \$ 50 =      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | Independent                                    | •                                         | Minus                                        | ***                                |            | =                                                    |          | X \$ 100 = |                        | OR   | X \$ 200 =     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 | FIRST PRES                                     | ENTATION OF MI                            | ULTIPLE DEPEN                                | NDENT C                            | LAIM       |                                                      |          | + \$ 180 = |                        | OR   | + \$ 360 =     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                           |                                              |                                    |            |                                                      | 1        | FFF        |                        | OR T | FFF            |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "A if the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  "** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                                              |                                    |            |                                                      |          |            |                        |      |                |                        |